

**STATE OF NEW HAMPSHIRE
BUREAU OF EMERGENCY MEDICAL SERVICES
BLS PRACTICAL EXAMINATION EVALUATOR APPLICATION**

INITIAL

Date of Application: _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Mailing Address: _____ **City:** _____

State: _____ **Zip:** _____ **E-Mail Address:** _____

Phone: (home) _____ **(work)** _____

Service Affiliation(s): _____

D. O. B. _____ **S. S. #** _____

NREMT# _____ **Expiration:** _____

Other EMT# _____ **State:** _____ **Expiration:** _____

What Region(s) would you be willing to evaluate in? **I** (Western), **II** (Southern),
III (Seacoast), **IV** (Central), **V** (Northern)

BLS Practical Examination Evaluator Training & Education Program:

Date Completed: _____ **Site:** _____

Have you previously applied to be a BLS Evaluator? _____ **If yes, Region** _____ **Date:** _____

Note: Copies of current EMT and PEETE. completion certificate are required with application.

"I verify that the above information is true and accurate to the best of my knowledge. Any falsification will result in rejection or dismissal from the BLS evaluator list."

Signed: _____ **Date:** _____

SUBMIT APPLICATIONS TO: Kelley Sweeney, EMS Educational Assistant, Northern NH EMS Field Office, 55 Maynesboro Street, Berlin, NH 03570

Bureau use only

Region I II III IV V

BUREAU REVIEW DATE: _____

_____ **Verified - Minimum one year EMT-B, I or P**

Accept

Deny

_____ **Falsification of credentials or other documentation**

_____ **Failure to meet minimum requirements**

Signature: _____

Print name: _____